

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580016

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		6		6		
17		0		0		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32		0		0		
33		0		0		
34		0		0		
35		0		0		
36		0		0		
37		0		0		
38		0		0		
39		0		0		
40		0		0		
41		0		0		
42		0		0		
43		0		0		
44		0		0		
45		0		0		
46		0		0		
47		0		0		
48		0		0		
49		0		0		
50		0		0		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	0			1		
52	0			1		
53	1					
54	2					
55	2					
56	0					
57	0					
58	0					
59	0					
60	0					
61	0					
62	0					
63	0					
64	0					
65	0					
66	0					
67	0					
68	0					
69	0					
70	0					
71	0					
72	0					
73	0					
74	0					
75	0					
76	0					
77	0					
78	0					
79	0					
80	0					
81	0					
82	0					
83	0					
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	100	←	74	←		←
TOTAL CLAIMS	102		77			